

**Department of Behavioral and Developmental Services
Checklist for Home and Community Based Waiver Services**

				Reason for Completion of Form				Effective Date	
Slot Number				Initial Classification					
				Reclassification					
Name				Next Annual Reclassification					
				Classification Level Change					
Address				Add a Service					
				Rate Change					
				Administrative Rate Change					
Medicaid Number				New Provider					
				Move					
Social Security Number				Termination					
				Other					
Date of Birth									
Services included on this checklist are a maximum allowance for the specified time period. Actual provision of service must not exceed this approval and must be supported by documentation requirements as detailed in the Maine Medical Assistance Manual Chapter 1, Section 1.03-1 (L).									
Residential Training Services				Personal Support Services (W125)					
	1.	10.35	per day (W111)	Vendor A.					
	2.	14.22	per day (W112)		Hourly Rate		# Hours per Week (Avg)		
	3.	18.13	per day (W113)		Weeks per year		Hours per year (Maximum)		
	4.		Per day (W114)	Vendor B.					
	5.	. Boarding Home	Per day (W115)		Hourly Rate		# Hours per Week (Avg)		
		Days per year			Weeks per year		Hours per year (Maximum)		
Vendor									
				Day Habilitation Services (W110)					
				Vendor A.					
Consultative Services					Per Diem Rate		# Days per Year		
SERVICE				FREQUENCY		Vendor B.			
	Occupational Therapy (W104)				Per Diem Rate		# Days per Year		
	Physical Therapy (W105)								
	Speech Therapy (W103)			Supported Employment (W126)					
	Psychological Services (W102)			Vendor A.					
	Counseling (W127)				Hourly Rate		# Hours per Week (Avg)		
					Weeks per year		Hours per year (Maximum)		
				Vendor B.					
	Non Traditional Communication Consultation (W130)				Hourly Rate		# Hours per Week (Avg)		
(Prior Authorization # of Hours)					Weeks per year		Hours per year (Maximum)		
				Crisis Intervention (W121)					
Non Traditional Communication Evaluation (W131)				Vendor					
Prior Authorization # of Hours					Hourly Rate		# Hours per Year		
	Communication Aid (W119)								
	(i.e. speech amplifier)			Environmental Modification (W122)					
				Modification:			Cost:		
Own Home Only:									
	Respite Care (W117)		Per day	# of Days			Adaptive Aids (W123)		
	Transportation (W116)		Per mile	Weekly Mileage	Aid:		Cost:		
The above named individual is approved to receive the services and/or equipment specified above									
Completed by:				Date:					
Regional Approval:				Region:					
Central Office Approval Signature:						Date:			
Returned to Region	Yes:		No:		Date:				
								Revised 1/5/2004	